MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 101551, 355 APPLICANT(S)

FILING DATE 9-28-05

CLAIMS

	<u> </u>	FILE	D	AFTER I AMENDMEN		AFTER 2 ~AMENDME				AS F	ILED		TER
1	IND). DI	EP. I	ND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.
-				<u> </u>	 	<u> </u>		5					
\dashv	 	- 			 	ļ		5		-			
		+			 	 -		5					
7			_					5:					
\neg					1			50					ļ
					7			5					
								58					
								59					
_	 	-						60					
_	 							61					
\dashv		+			-			62					
┪		╅—						63					
+		+			+			64					
1		+			+			65 66					
7		1	1	-+	; 			67					
1		1.	1	_	; 			68					
I								69			 -		 -
1								70	1				
				$\Box I$				71					
1								72					
╀		 	∤	_			· · ·	73					
╀		 						74					
╁		 						75					
t		 		_				76 77	+				
1		 	1			 -		78	╅			—— -	
T			1	$\neg \vdash$				79	┪-				
Ι								80	1				
L								81					
L			_					82					
<u> </u>								83			-		
⊢				-				84	-				
⊢			-					85	-	_			
⊢			1	+				86 87	-				
							 	87					
F								89	-				
			1					90	1			- -	
								91					
L								92					
			1	4				93	1				
_	\longrightarrow		-	4				94	1				
_	 		<u> </u>	-				95	 		_		
			 				—	96	 -				
	-+		 	+-				97	 				
_	 -			+-		- -		98 99	 				
_	-+		-	+				100	╂──				
_		1	ಎ	1		1		TOTAL IND.		1		1	
-		(-	16	_ _			,	TOTAL DEP.		(
•			18					TOTAL CLAIMS					
						300	CHARLES S	R GLAIMS		\$45.00 ·	(11.71)	(March	11.5 1.2